## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **K59113** 1. Entity Name RON POPE CERAMIC TILE, INC. 03-15-2000 90106 025 \*\*\*150.00 Mailing Address Principal Place of Business 12310 SW 115TH AVE 12310 SE 115 AVE **BELLEVIEW FL 34420-6919** BELLEVIEW FL 34420 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City'& State Applied For 4. FEI Number City & State 59-2972308 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POPE, DAVID R. Street Address (P.O. Box Number is Not Acceptable) 12310 SE 115 AVE BELLEVIEW FL 34420 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Change ☐ Delete TITLE POPE, DAVID R. NAME NAME STREET ADDRESS STREET ADDRESS 12310 SE 115 AVE CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL ■ Addition VST Change Delete TITLE TITLE POPE, SYLVIA J. NAME NAME 12310 SE 115 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP BELLEVIEW FL Change Addition Delete TITLE TITLE POPE, SYLVIA J. NAME NAME 12310 SE 155 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP BELLEVIEW FL Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Residua 7 3/13/00 352-288-144/